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DHEC Health Update

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SC DHEC Interim Recommendations Regarding Management of Confirmed, Probable or Suspected Influenza Cases and Contacts: In context of the current emerging novel Influenza A H1N1 (Swine Flu) epidemic

In light of the evolving epidemiologic information about the spread of the newly characterized novel influenza A / H1N1 (Swine Flu), including information suggesting that, to-date, severity and case-fatality rate do not appear to exceed that of recent "normal seasonal flu viruses",

DHEC is now in transition from the isolation and quarantine approach taken in the initial two weeks of the epidemic and moving towards a surveillance mode characterized by:

- **Testing and treatment of selected patients and provision of chemoprophylaxis to selected contacts where indicated**, with emphasis on:
 - outbreaks or clusters of illness, especially in congregate settings;
 - persons admitted to a hospital because of severe or life-threatening influenza-like-illness (ILI), and,
 - persons at high risk of medical complications or death from influenza.
- **Establishment of surveillance systems even through the coming summer months** – when common seasonal influenza viruses do not regularly circulate – in order to monitor the presence of the novel H1N1 virus and estimate its relative prevalence compared to:
 - normal seasonal flu viruses (e.g. Human H1N1 and H3N2), and
 - other respiratory viruses (e.g. adenovirus, parainfluenza virus...)
- **Surveillance for and containment of outbreaks**, especially in congregate settings.
- **Patient and community education regarding ILI** and simple but effective measures which can decrease transmission of influenza such as:
 - staying home while sick;
 - avoiding close contact with sick persons;
 - cough etiquette (e.g. coughing into one's sleeve rather than into the air or onto one's hands); and
 - frequent hand-washing.
- **DHEC is no longer formally isolating cases**, however DHEC still strongly urges all persons with any influenza A virus, including the Novel H1N1 virus to stay home for 7 days, or until a course of Tamiflu or Relenza has been completed.
- **DHEC is no longer formally quarantining contacts of suspect or confirmed novel H1N1 influenza cases**, however when clusters of influenza occur in high-risk settings, such as in long-term care facilities, DHEC may recommend or require group mitigation procedures such as limitation of visitors, isolating and/or cohorting of cases, and preventive treatment of contacts.

Information for clinicians regarding testing and treatment

Testing criteria

- Testing for Influenza A by Reverse-Transcriptase Polymerase Chain Reaction (RT-PCR) remains essential in a number of settings. However, it is essential to establish priorities for testing.

Priority groups for testing include:

- all persons admitted to hospitals because of ILI;
- persons who are dying or have died of ILI from whom ante-mortem and/or even post-mortem specimens should be obtained;
- patients who are part of outbreaks or clusters of cases -- where obtaining a reasonable number of specimens (e.g. 5) should generally be sufficient to ascertain the virologic cause of the outbreak;
- selected individuals with ILI from Outpatient Influenza-Like Illness Network (ILINet) participating providers*, and,
- selected other persons who may be considered of special interest because of carefully considered clinical, epidemiologic or public health reasons.

Footnote:

* Providers that wish to begin participating in ILINet may contact Chasisty Springs at springcb@dhec.sc.gov or 803-898-0870 in order to enroll.

- Commonly available *Rapid Flu Tests* (RFTs) can help identify persons with influenza A virus, but as their sensitivity may only be of the order 50-70% a negative RFT does NOT rule-out influenza, and the predictive value of a negative test (PVN) can therefore be low. Thus, a positive RFT test is NOT a prerequisite to ordering an RT-PCR test from DHEC for properly selected patients.
- Currently, the DHEC BOL is the only laboratory in the state which can unequivocally identify the novel H1N1 (Swine) virus. All hospital laboratories have received instructions regarding proper collection and shipment of specimens for such testing.

Antiviral use for Treatment

- Antiviral treatment is not recommended for all persons with ILI, nor necessarily even for all persons with influenza A infection of any sub-type.

Priorities for treatment include:

- persons with high-risk medical conditions which put them at risk of severe illness, complications, or death, and this whether or not they are living in group settings or are part of a cluster or outbreak;
- selected other persons with ILI with or without confirmation by RFT or RT-PCR testing according to physician judgment.

Resources for Clinicians

- Attached are two tables which provide guidance for a variety of situations. However, these tables do not cover every scenario and, as per footnote 1 of Table 1, "These recommendations do not obviate the need for additional clinical, epidemiologic or public health judgment to be exercised in individual circumstances".

Websites for additional information

- Centers for Disease Control and Prevention: www.cdc.gov/h1n1flu
- South Carolina Department of Health and Environmental Control: www.dhec.sc.gov/flu/swine-flu.htm

DHEC Contact Information for Reportable Diseases and Reporting Requirements

Reporting of outbreaks/clusters of cases of influenza is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2009 List of Reportable Conditions available at:
http://www.scdhec.gov/health/disease/docs/reportable_conditions.pdf

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2009

Mail or call reports to the Epidemiology Office in each Public Health Region.

Region 1

Anderson, Oconee

220 McGee Road
Anderson, SC 29625
Phone: (864) 260-4358
Fax: (864) 260-5623
Nights / Weekends: 1-866-298-4442

Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda

1736 S. Main Street
Greenwood, SC 29646
Phone: 1-888-218-5475
Fax: (864) 942-3690
Nights / Weekends: 1-800-420-1915

Region 2

Greenville, Pickens

PO Box 2507
200 University Ridge
Greenville, SC 29602-2507
Phone: (864) 282-4139
Fax: (864) 282-4373
Nights / Weekends: 1-800-993-1186

Cherokee, Spartanburg, Union

PO Box 4217
151 E. Wood Street
Spartanburg, SC 29305-4217
Phone: (864) 596-2227, x- 210
Fax: (864) 596-3443
Nights / Weekends: 1-800-993-1186

Region 3

Chester, Lancaster, York

PO Box 817
1833 Pageland Highway
Lancaster, SC 29720
Phone: (803) 286-9948
Fax: (803) 286-5418
Nights / Weekends: 1-866-867-3886

Region 3 (continued)

Fairfield, Lexington, Newberry, Richland

2000 Hampton Street
Columbia, SC 29204
Phone: (803) 576-2749
Fax: (803) 576-2993
Nights / Weekends: 1-888-554-9915

Region 4

Clarendon, Kershaw, Lee, Sumter

PO Box 1628
105 North Magnolia Street
Sumter, SC 29150
Phone: (803) 773-5511
Fax: (803) 775-9941
Nights/Weekends: 1-877-831-4647

Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion

145 E. Cheves Street
Florence, SC 29506
Phone: (843) 661-4830
Fax: (843) 661-4859
Nights / Weekends: (843) 660-8145

Region 5

Bamberg, Calhoun, Orangeburg

PO Box 1126
1550 Carolina Avenue
Orangeburg, SC 29116
Phone: (803) 533-7199
Fax: (803) 533-7134
Nights / Weekends: (803) 954-8513

Aiken, Allendale, Barnwell

1680 Richland Avenue, W. Suite 40
Aiken, SC 29801
Phone: (803) 642-1618
Fax: (803) 643-8386
Nights / Weekends: (803) 827-8668 or
1-800-614-1519

Region 6

Georgetown, Horry, Williamsburg

1931 Industrial Park Road
Conway, SC 29526-5482
Phone: (843) 915-8804
Fax: (843) 365-0085
Nights / Weekends: (843) 381-6710

Region 7

Berkeley, Charleston, Dorchester

4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405
Phone: (843) 953-0060
Fax: (843) 953-0051
Nights / Weekends: (843) 219-8470

Region 8

Beaufort, Colleton, Hampton, Jasper

219 S. Lemacks Street
Walterboro, SC 29488
Phone: (843) 525-7603, x-108
Fax: (843) 549-6845
Nights / Weekends: 1-800-614-4698

DHEC Bureau of Disease Control Division of Acute Disease Epidemiology

1751 Calhoun Street
Box 101106
Columbia, SC 29211
Phone: (803) 898-0861
Fax: (803) 898-0897
Nights / Weekends: 1-888-847-0902



www.scdhec.gov

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

Interim Guidance for the Management of Influenza Cases and Contacts (1) Rev: May 14, 2009

Table 1: Case Management (2)

				I	II	II	IV	
	Setting (3)	Case at risk of severe illness, complications, or death (4)	Clinical and/or Laboratory Information	Testing needed (other than for hospital admissions, possible influenza deaths and sentinel sites) (6)	Treatment with antivirals (4)	Staying home and avoiding spread of infection	Contact management (See also Table 2)	
Cases	Individual	Low	ILI (Influenza-like Illness defined as: Fever ≥100F with cough and/or sore throat) (2)	No (1)	No	Urge to stay home, cover cough, wash hands...	Inquire about high risk contacts at home or work (4)	A
			ILI & RFT=A (5)	No (1)	Guided by clinical and judgment and patient preference (4)	Strongly urge to stay home, cover cough, wash hands...	Inquire about high risk contacts at home or work (4)	B
			ILI w/w RFT=A & RT-PCR = H1N1 (Swine)	NA (Completed)	Guided by clinical and judgment and patient preference (4)	Strongly urge to stay home, cover cough, wash hands...	Inquire about high risk contacts at home or work (4)	C
		High	ILI	Yes - RFT (5)	YES pending RFT test results	Urge to stay home, cover cough, wash hands...	Inquire about high risk contacts at home or work (4)	D
			ILI & RFT=A	Yes RT-PCR	YES	Strongly urge to stay home, cover cough, wash hands...	Inquire about high risk contacts at home or work (4)	E
			ILI w/w RFT=A & RT-PCR = H1N1 (Swine)	NA (Completed)	YES	Strongly urge to stay home, cover cough, wash hands...	Inquire about high risk contacts at home or work (4)	F
	Group	Low	ILI	RFT and/or RT-PCR. Test a sample of cases (e.g. 5 tests)	No	Urge to stay "home", cover cough, wash hands... (7)	Monitor Group for ILI. Consider other public health interventions (7)	G
			ILI & RFT=A	RT-PCR. Test a sample of cases (e.g. 5 tests)	Guided by clinical and judgment and patient preference (4)	Strongly urge to stay "home", cover cough, wash hands... (7)	Monitor Group for ILI. Consider other public health interventions (7)	H
			ILI w/w RFT=A & RT-PCR = H1N1 (Swine)	NA (Completed)	Guided by clinical and judgment and patient preference (4)	Strongly urge to stay "home", cover cough, wash hands... (7)	Monitor Group for ILI. Consider other public health interventions (7)	I
		High	ILI	RFT and/or RT-PCR. Test a sample of cases (e.g. 5 tests)	YES pending RFT test results	Urge to stay home, cover cough, wash hands... (7)	Monitor Group for ILI. Consider other public health interventions (7)	J
			ILI & RFT=A	Test a sample of cases (e.g. 5 tests)	Yes	Strongly urge to stay home, cover cough, wash hands... (7)	Monitor Group for ILI. Consider other public health interventions (7)	K
			ILI w/w RFT=A & RT-PCR = H1N1 (Swine)	NA (Completed)	Yes	Strongly urge to stay home, cover cough, wash hands... (7)	Monitor Group for ILI. Consider other public health interventions (7)	L

Notes

- These general recommendations do not obviate the need for **additional clinical, epidemiological or public health judgment to be exercised in individual circumstances.**
- Additional information available from CDC at www.cdc.gov/h1n1flu and from DHEC at www.dhec.sc.gov/health/disease/han/notifications.htm and www.dhec.sc.gov/flu/swine-flu.htm
- Interim Guidance on **Case Definitions** to be Used For Investigations of Swine-Origin Influenza A (H1N1) Cases: www.cdc.gov/h1n1flu/casedef.htm
- Group Settings** include, for example: nursing homes, residential care facilities, prisons, military barracks, or summer camps.
- Individual** refers to cases who are not associated, either as residents or staff, with such *group settings*.
- Interim Guidance on Antiviral Recommendations for Patients with Novel Influenza A (H1N1) Virus Infection and Their Close Contacts: www.cdc.gov/h1n1flu/recommendations.htm
- RFT** refers to "Rapid Flu Tests" commonly available in many practice settings and which can help determine whether a patient has an infection due to Type A or Type B influenza viruses. RFTs generally have sensitivity ~ 50-70% and specificity 90-95%. (For detailed information see: www.cdc.gov/flu/professionals/diagnosis/rapidlab.htm)
- RT-PCR** refers to Real-time Polymerase Chain Reaction tests. Currently (5/13) In South Carolina, only the DHEC State Laboratory is equipped to perform the RT-PCR test which can identify the current novel H1N1(Swine) influenza virus.
- Patients with ILI ill enough to be admitted to a hospital should be tested for influenza** with a RFT and (preferably with an NP-swab) by a DHEC RT-PCR whenever a viral etiology is an important part of the differential diagnosis. As **influenza deaths are reportable in SC** attempts to identify the diagnosis of influenza should be made on ante-mortem or post-mortem specimens. **Sentinel sites** refer to selected health care practices which, by agreement with DHEC, participate in surveillance activities by collecting respiratory specimens from patients with ILI and by submitting them to DHEC for testing. Results of the tests help provide a picture of which respiratory viruses are currently circulating in the state.
- Institutional settings in which cases occur may have useful employee health and/or **infection control procedures** or possibilities already in place. Examples: infirmaries or isolation rooms; or, possibility of using **other useful public health interventions** including (i) restricting visitors, (ii) cohorting, and (iii) focused environmental cleaning (www.cdc.gov/h1n1flu/guidelines_infection_control.htm).

Table 2: Management of Asymptomatic Contacts

	Setting	Contact's risk of severe illness, complication or death should they get flu (4)	Clinical - Laboratory Information on the contact's "source case" or "group setting"	Post-exposure prophylaxis (PEP) antivirals recommended	
Asymptomatic Contacts	Individual	Low	ILI		A
			ILI & RFT=A	No (8)	B
			ILI w/w RFT=A & RT-PCR = H1N1 (Swine)	No (8)	C
		High	ILI	Consider (while waiting for source case test results)	D
			ILI & RFT=A	Yes	E
			ILI & RFT=A & RT-PCR = H1N1 (Swine)	Yes	F
	Group	Low	ILI	No (pending test results of sampled source cases)	G
			ILI & RFT=A	Consider	H
			ILI & RFT=A & RT-PCR = H1N1 (Swine)	Closed facility (e.g. prison): =>Yes. Semi-open (e.g. campus) => Consider	I
		High	ILI	Yes (pending test results of sampled source cases)	J
			ILI & RFT=A	Yes	K
			ILI & RFT=A & RT-PCR = H1N1 (Swine)	Yes	L

Notes

- 8 May consider if contact might in turn expose high-risk individuals.
- 9 All contacts should self-monitor and/or be monitored for onset of symptoms of AFRI.
- 10 In such high-risk group settings, other "distancing measures" such as limiting visitations, cohorting etc. may be considered